

Winston Alvarado
National Stage Processing
Paralegal Specialist
703-305-6421

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/018686

FILING DATE

APPLICANT(S)

CLAIMS							
IND.	DEP.	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.
		IND.	DEP.	IND.	DEP.		
1	/	/		/		51	*
2	/	/		/		52	*
3	/	/		/		53	*
4	/	/		/		54	*
5	/	/		/		55	*
6	/	/		/		56	*
7	/	/		/		57	*
8	/	/		/		58	*
9	/	/		/		59	*
10	/	/		/		60	*
11	/	/		/		61	*
12						62	*
13						63	*
14						64	*
15						65	*
16						66	*
17						67	*
18						68	*
19						69	*
20						70	*
21						71	*
22						72	*
23						73	*
24						74	*
25						75	*
26						76	*
27						77	*
28						78	*
29						79	*
30						80	*
31						81	*
32						82	*
33						83	*
34						84	*
35						85	*
36						86	*
37						87	*
38						88	*
39						89	*
40						90	*
41						91	*
42						92	*
43						93	*
44						94	*
45						95	*
46						96	*
47						97	*
48						98	*
49						99	*
50						100	*
TOTAL IND.	/					TOTAL IND.	
TOTAL DEP.	/					TOTAL DEP.	
TOTAL CLAIMS	/					TOTAL CLAIMS	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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